

original

Check either number 1 or 2. If you check number 2, provide the relevant information.

- | | | |
|---|---|---|
| Circle One:
<input type="checkbox"/> Filer
<input type="checkbox"/> Spouse
<input type="checkbox"/> Dependent Child
<input type="checkbox"/> Jointly | Circle One:
<input type="checkbox"/> Addition
<input type="checkbox"/> Deletion
<input type="checkbox"/> Change | ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") |
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07 JUN -4 AM 1:45
STATE OF INDIANA
STATE FINANCIAL COMMISSIONS
CLERKS

Circle One: <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Jointly	Circle One: <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")
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CERTIFICATION: I have reviewed my previous Disclosure of Financial Interests Statements filed with the Hawaii State Ethics Commission and all succeeding amendments. I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE (Note: This filing is not valid without an original signature.)

DATE